Maryland Health Care Commission (MHCC) Focus Groups: Consumer Feedback on Updates to the Maryland Hospital Performance Evaluation Guide

Outcomes from Focus Group Discussions on April 18, 2014

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1. Introduction

The project plan called for a total of 4 focus group discussions to be conducted to collect feedback about the Maryland Hospital Performance Evaluation Guide website (http://mhcc.maryland.gov/consumerinfo/hospitalguide/index.htm) from members of the general public. The first two discussion groups were conducted on December 17, 2013 at Westat's focus group facility in Rockville, Maryland. This report is on the second set of focus group discussions conducted on April 18, 2014 at the same facility. One focus group discussion took place in the morning (10:30 am to noon) and the other in the evening (6:30 – 8:30 pm). Each focus group session lasted approximately 2 hours. MHCC thought that it would be useful to have the same focus group participants who participated in the discussions in December return for the second set of discussions. Most of the participants who participated in December were able to attend one of the two sessions in April. Our goal was to recruit 10 individuals for each group so that we would have a minimum of at least 8 individuals for each discussion. The morning session included seven returning members, two of them from the previous evening session, and one new member. Three of the original 8 from the morning session were not available in April. The evening session included nine participants - six returning members and three new participants.

Participants in each discussion were members of the general public who had described themselves as Internet users in Westat's recruitment database. The discussions were conducted following a guide that had been approved by MHCC project staff. Each of the sessions was audio-taped with written consent from each participant. A note taker was present for both sessions. Observers from the Maryland Healthcare Commission (MHCC) and staff from the subcontractor who was designing the new website were present for both discussions. At the beginning of each session, group members were informed that project representatives from MHCC were observing from behind a one-way mirror. Prior to the end of each session, the moderator collected questions from the MHCC observers and presented them to the focus group for discussion.

2.   Characteristics of the Focus Group Participants

Participants were asked to complete a brief demographics questionnaire prior to the start of the discussion group. Below we discuss the characteristics of the two groups of focus group participants.

2.1 Characteristics of the Participants of the Morning Focus Group Discussion (at 10:30 am)

One participant was between 30 and 34 years of age, three each were between 35 and 44 years and 45 and 54 years respectively and one was between 55 and 64 years of age (see Table 1). The majority of the participants were women (5). Marital status of the focus group participants varied. One person was single, never married and another was widowed. Four were married and two were divorced. Of the eight participants, three were White, three were African American and two were Asian. None of the participants were Hispanic or Latino. Five participants indicated that they were college graduates, two had post-graduate training and one had some college or technical school education.

The employment status of the focus group participants varied. Three were employed full-time, one was employed part-time, another two were not employed, and two were retired. All of the participants had access to the Internet. One person used the Internet several times a week, and all others used the Internet every day.

2.2   Characteristics of the Participants of the Evening Focus Group Discussion (at 6:30 pm)

All six participants from the previous discussion group in December agreed to participate. In addition, we recruited four new participants and three of them arrived to participate in the focus group discussion for a total of 9 participants. Two participants were between 30 and 34 years of age, five were between 35 and 44 years, one was between 45 and 54 years and another was between 55 and 64 years of age (see Table 1). Five of the participants were male. The marital status of the focus group participants varied. Two were single, never married, four were married, and three were divorced. Of the nine participants, three were African American, four were white and two were of mixed races (one was Asian and Mexican and the other was Portuguese and Dutch). Three identified themselves as Latino.

Six participants indicated that they were college graduates, one had post-graduate training, one had some high school and another had some college or technical school education. Two participants were employed part-time, two were not employed and the others (5) were employed full-time. All of the participants had access to the Internet and used the Internet every day.

Table 1. Characteristics of individuals who participated in the focus group discussions in the morning and evening

Characteristics of the focus group participants	Number AM Focus Group Total=8	Number PM Focus Group Total=9
Age 30-35 years	1	2
35-44 years	3	5
45-54 years	3	1
55- 64 years	1	1
65 – 74 years	0	0
Gender		
Male	3	5
Female	5	4
Marital status Single	1	2
Married	4	4
Divorced	2	3
Widowed	1	0
Race/Ethnicity African American	3	3
American Indian	0	0
Asian	2	0
White	3	4
Mixed race	0	2
Hispanic/Latino		
Yes	0	3
No	8	6

Characteristics of the focus group participants	Number AM Focus Group Total=8	Number PM Focus Group Total=9
Educational attainment		
Less than high school	0	0
Some high school	0	1
High school graduate	0	0
Some college or technical school	1	1
Graduate (college or technical school)	5	6
Post-graduate study	2	1
Employment status		
Employed full-time	3	5
Employed part-time	1	2
Retired	2	0
Not employed	2	2
Internet use background Use the Internet:		
o Everyday	7	9
o Several times a week	1	0
o Once a week	0	0

3. Discussion Outcomes

Below are notes from both the morning and evening focus group discussions.

The moderator reminded the participants that in December the focus group discussions focused on the information in the Hospital (Consumer Section) Guide. She also noted that MHCC has considered their comments and suggestions and is in the process of incorporating many of them in a redesign. She explained to the new participants that during the December focus group discussions MHCC had asked for the opinions of the participants about some of the different ways they could display the information in the online Hospital Guide to make it meaningful and useful to consumers. Some of the recommendations from the groups in December are in Appendix 1.

The moderator noted that MHCC would like to obtain more feedback from the participants to help guide the redesign ideas they have in mind. She showed them how the Home Page

for the website looks now and pointed out that the current Hospital Guide focuses on hospital services only.

Next the moderator brought up the redesign website MHCC is currently working on at https://www.marylandqmdc.org/

She noted that MHCC is hoping to release this website in September 2014. She pointed out that a major difference between the current website and the new website is that the new website is going to be used by various groups including hospitals and physicians. The website is designed to serve as an integrated online resource for consumer access to healthcare information and a secure web portal for hospital submission of quality measures data and performance information. The secure web portal, i.e. the private side of the website, accessible through the user ID/Password, is already being used by hospitals and physicians. Hospitals are now submitting data through the private site. MHCC is now

focused on the public side of the website and will be moving information from all of the MHCC guides to this one site.

The moderator pointed out the User ID and Password on the top right hand corner of the website where hospitals and physicians log in. She noted that later on (may be in a year or two) users may be able to save reports they generate on the web site, with access via a username and password. The participants indicated that being able to save their reports would be very useful.

3.1   Name of website

The moderator pointed out the name of the website https://www.marylandqmdc.org and asked participants what they thought about naming the web page as the 'Quality Measures Data Center' (QMDC) instead of the Maryland Healthcare Guide. Most participants reacted to this by stating that QMDC sounded more "professional" and that they found it easier to relate to the Maryland Healthcare Guide which felt like it was for non-professionals like them. They felt that the "MD Healthcare Guide" sounded friendlier than the "Hospital Guide." QMDC made them think about quality. A few suggested that it may be ok to put QMDC as a sub-heading below the Maryland Healthcare Guide title so that the name of the website can be related to this web page.

3.2 Format, functionality, and comprehensive nature of the new website design

The moderator asked the participants to comment on the format, functionality, and comprehensive nature of the new website design. The moderator asked for participants' reactions to the pictures displayed on the site.

Both morning and evening participants thought that the redesigned website is much better than the current one. Some of the positive comments included:

- It is pleasing to the eye.
- The colors are much better.
- Looks less cluttered than before.
- The site looks more directed.
- Gives a better sense of what to expect.

Suggestions to improve the website included:

- Providing hyperlinks to give more information about what the picture depicted.

- Some participants felt that the flashing pictures were distracting. They suggested that the consumer should be able to control (pause/stop) the picture.

- The banners need to slide.

- Need to be able to click on the banner that would take them to the information on the tabs.

- Move the banner to the left side.

- All the banners except "Talk with your doctor" use gerunds "ing" with the verb (promoting primary care; preventing serious infection; preparing for the flu season; planning for healthcare; improving the health of future generations) and it should be changed to "Talking with your doctor" or "Planning to talk to your doctor."

- It is important for picture to reflect the context of what the banner says. The picture associated with "Talking with your doctor" may not be appropriate because the doctor is at the hospital bed, conveying the notion that a person only talks doctor when he visits the hospital.

- Make the picture smaller. It is too large.

- It is important for the pictures to reflect what they describe.

- Another suggestion was to provide have a link to contact insurance companies.

3.3 Tabs on the web page

The moderator noted that for the first release of the public website, MHCC is building the hospital guide (Tab) web pages. The other tabs direct the user to existing websites or to other relevant information that is publicly available. The moderator noted that MHCC would like feedback on participants' thoughts about the approach of having all provider (i.e., Physicians, LTC, and health insurance) information in a single location (tabs across the top of the screen). She asked the participants whether the presentation is clear and whether they understood what information was provided on this website.

Looking at the tabs on top of the page the participants had the following recommendations:
- Make the font on the tabs larger.
- Have drop-down menus from the tabs.
- Have a new tab between the home and hospitals tab on "user guide" and another tab at the far end for "contact us."

- Have instructions and directions on the left side of the page.

Other suggestions included:
- Provide a short video on how to use the guide (a demo for a minute).
- A welcome message from the Secretary of Health.

3.3.1 Hospitals tab

- Some participants said that it was not obvious to them that the redesigned website provides information about how hospitals performed (The old website had "Hospital Guide" whereas the new website says "MD Healthcare Guide"). Some of the suggestions given by the participants to address this issue included using language to indicate "patient assistance on the following facilities" or "review performance information" as a title.

- The participants thought that rather than referring to the tab as the "Hospital" tab that it may be better to name it "Patient Assistance" or "review performance" or "learn about MD hospitals."

- Within the hospitals tab they thought that they would be able to access evaluations of hospitals.

3.3.2 Physicians Tab

The physicians tab provides information on tips for talking to a person's doctor, preparing to visit the doctor, how to actively participate in the visit, and follow-up after the visit. Under the physicians tab the participants expected to see:

- A list of doctors.

- What type of insurance a doctor would accept.

- Doctors broken down by specialty.

- Information on malpractice suits.

- Evaluations of doctors or ratings for doctors.

- Board certifications of doctors.

- Reviews by patients of their doctors (if they had a good or a bad experience with a doctor).

- Whether the doctor is licensed to practice in the State of Maryland by linking to some other site.

- Quality assurance.

They did not expect to see the information currently available under the physicians tab. One suggestion was to move the quick tips "when talking with your doctor" to the front of the paragraph similar to the other hyperlinks.

3.3.3 Long-Term Care, Ambulatory, and Health Plan tabs

The moderator noted that the Long-Term Care, Ambulatory, and Health Plan tabs link to existing MHCC websites. This information will not be modified for the September release. These areas will be addressed in future modifications.

- For the Long-Term Care and Health Plans tabs the participants recommended using drop-down boxes with the various topics discussed under each heading.

3.3.4   Ambulatory tab.

Some participants understood that "ambulatory" meant outpatient care. They thought that naming the tab **"**outpatient care" is better than naming it "ambulatory."

## 3.4   Healthcare associated infections (HAI)

The next discussion topic was "Healthcare associated infections." The moderator reminded participants the definition of HAI: an infection that originates in the hospital during the patient's treatment. MHCC is required to collect and report data on HAIs through the Maryland Hospital Performance Evaluation Guide. She reminded them that the current hospital guide provides reports on the number of Central Line-Associated Bloodstream Infections (CLABSI) in Adult and Pediatric Intensive Care Units and Neonatal Intensive Care Units and the number of surgical site infections (SSI) for hip, knee and certain cardiac procedures.

The moderator pointed out that there are various ways to display information using Charts. Participants were shown some alternative design ideas for displaying CLABSI and HAI information. The moderator pointed out that the symbols indicate how each hospital in MD compares on CLABSI to the national experience.

Symbol	
🟢	Better than National Experience
🔺	No different than National Experience
🔺*	No Different than National Experience and No Infections Reported
🔶	Worse than National Experience

She reminded the participants that they had previously noted that these charts were not very helpful and that the data displayed was not user-friendly. She asked the participants to view other displays of this type of data such as California's display of the HAI data. CA uses maps to show this information and one can isolate a particular hospital on the map and review its performance. The map also shows score results: worse (orange triangle), the same (purple circle) or better (green square). The viewer chooses the infection of interest on the top of the map and then clicks on an icon to see the hospital.

Two examples of CLABSI and SSI from California's website were shown to participants:
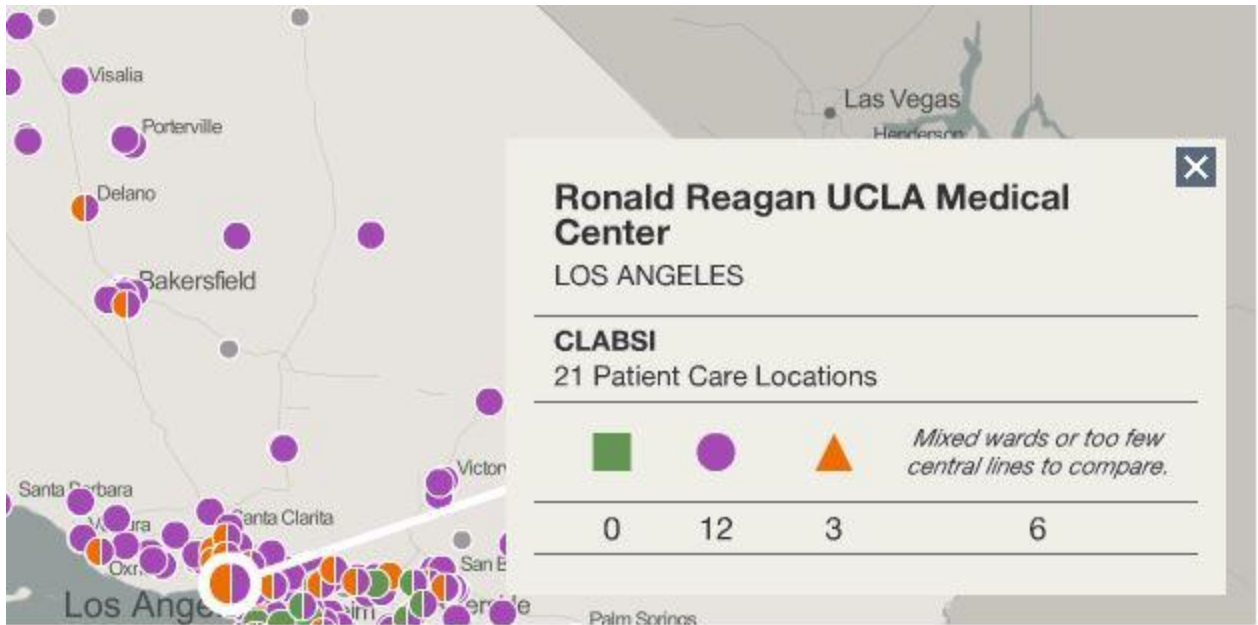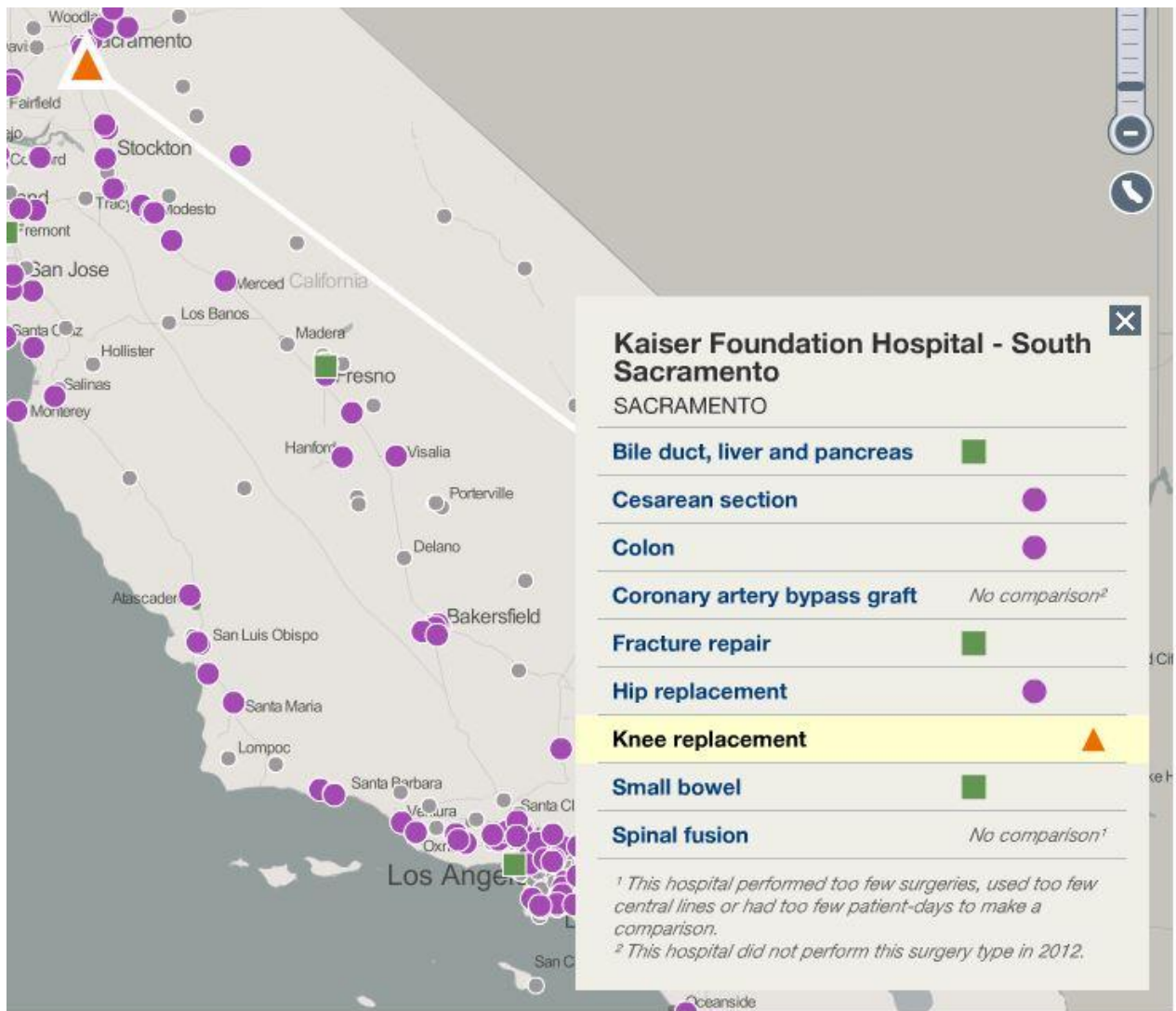
Participants thought that:

- The map is a good method to show the information and identify hospitals.

- The zip code search for the map was good.

- Some participants thought that the map was a little confusing, perhaps because CA has a very large number of hospitals.

- However, after spending more time looking at the map the participants thought that they would prefer both a map and a table. They wanted to see the details provided in the table because it provided a deeper drill down of the data.

- They were somewhat confused by the symbols used on the CA map to indicate results. There were too many shapes and colors.
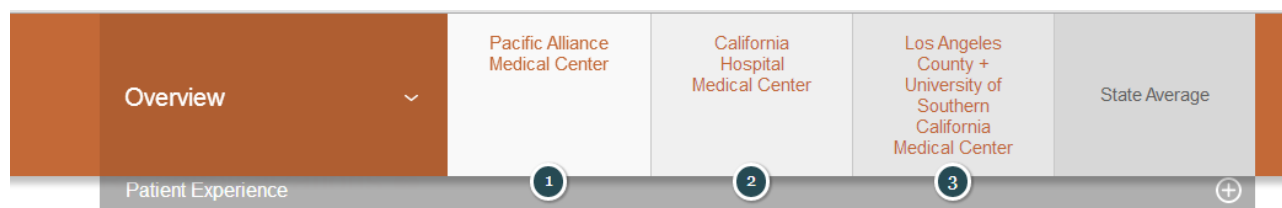
- They would like to be able to click on a hospital and find out about that hospital.

- After seeing the scores for the hospital, some wanted a hyperlink that would take them to the hospital website.

- Some would like information on metro accessibility to each hospital on the map once they click on a hospital.

The moderator showed the participants the MD map on the re-designed site:
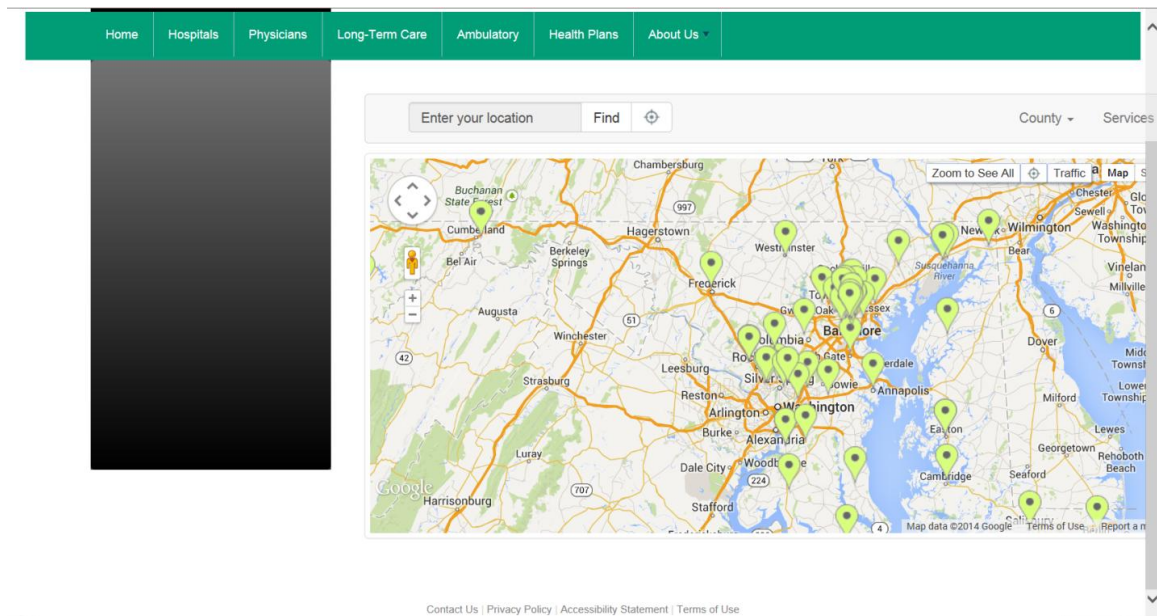
- Most participants preferred the MD map while a few preferred the CA map.

The moderator noted that another option for displaying the data would be with symbols and text and showed an example giving the consumer an opportunity to compare three hospitals using a chart format.

Overview ⌄	Pacific Alliance Medical Center	California Hospital Medical Center	Los Angeles County + University of Southern California Medical Center	State Average
Patient Experience	①	②	③	⊕

Re-hospitalizations ❓

Hospitalwide Readmission Rate	AVERAGE 16.80% (lower is better)	POOR 18% (lower is better)	AVERAGE 16.70% (lower is better)	15.90% (lower is better)

Patient Safety ❓

Surgical Care Measures	ABOVE AVERAGE 97%	SUPERIOR 98%	AVERAGE 96%	97%
Infection Prevention				⊖
Appropriate Timing of Antibiotic	98%	100%	98%	98%
Use of Appropriate Antibiotic	99%	99%	99%	98%
Appropriate Discontinuation of				

- Participants felt that these charts were user-friendly and easy to understand.

3.5   HAI Multi-state Workgroup on Data Display

The moderator explained that MHCC staff participates in a multi-state workgroup that is developing guidelines for reporting HAI data to consumers, hospital administrators and healthcare professionals. Some of the questions this workgroup is trying to address were asked of the focus group participants:

1. Do consumers prefer to see data on a facility's progress over time, or how the facility is performing today? (i.e., are trend data important?)

- Many of the participants noted that they would like to see trend data over time. Almost all wanted to see the most current data available. They felt that they could gauge improvements over time.

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2. Do consumers prefer to see data on a facility's performance compared to overall state rates or compared to national performance? With other hospitals in a similar geographic area or other grouping (size, teaching status)?

   - A majority of participants noted that they would like to see comparisons by state, region and national. A few wanted to see only state data.

3. As a consumer- what would draw you to this report? What would you want to know? What would make you seek out the report in the first place?

   Things that would draw them to the website:
   - The website's friendliness.
   - Knowledge of the existence of the website.
   - If insurance allows them to visit only particular hospital they would want to know the quality of the hospital.

   Information they would want to know:
   - Performance of the hospital
   - Emergency Room information

4. What is/are the most important piece(s) of information that consumers are looking for?

   - They would like to see quality of service, professionalism, sources of the information (not hospital advertisements).
   - Information that would help to improve health such as infection rates and doctor's experience.
   - What other people thought about a particular hospital.
   - Types of services offered at a hospital.

5. How do the focus group participants suggest these reports be disseminated to people without internet access?

   - Advertise the site on television.
   - Give a 1-800 number for people to obtain information on how to logon to the website.
   - Conduct a newspaper campaign.
   - Mailer notices to reach people who do not have access to the Internet.
   - Have the basic information available as a handout at doctors' offices, local clinics, and libraries and provide the web site address.
   - Provide an app for mobile phones.

6. What other information would you want to see?

   - Number of infections
   - Why is MHCC maintaining this website?

- Information on Urgent Care Centers
- More robust information on LTC
- Bedsore information
- Information on dialysis centers
- Metro accessibility to the hospitals
- Success rate of surgery
- Death rates at the hospitals

The moderator noted that the measure used by the Centers for Disease Control (CDC) and most states for reporting hospital performance is the standardized infection ratio (SIR) and that the multi-state workgroup would also like to obtain the participants' feedback on how best to explain the SIR by reviewing the following SIR descriptions:

Option 1
- Fewer infections than the national baseline experience
- About the same number of infections as the national baseline experience
- More infections than the national baseline experience

Morning group: 1 person liked this option
Evening group: 5 people liked this option

Option 2
- Better than the national baseline experience
- About the same as the national baseline experience
- About the same as the national baseline experience (with no infections observed)
- Worse than the national baseline experience

Morning group: 1 person liked this option
Evening group: 1 person liked this option

Option 3
- Fewer infections (better) than the national baseline experience
- About the same as the national baseline experience
- About the same as the national baseline experience (with no infections observed)
- More infections (worse) than the national baseline experience

Morning group: 6 people liked this option
Evening group: 3 people liked this option

3.6   Questions from MHCC

MHCC was interested in knowing:

1. Did the participants have a preference about the map styles (color coded circles or the drop points)?

    The participants noted that they prefer the drop points and some asked if they can color code drop points. Most participants liked the drop points that the new site has currently.

2. In terms of wanting to know about transportation options to the different sites, participants were asked whether obtaining information on transportation from the hospital site was acceptable or whether they wanted the transportation information on the MHCC website.

    The consensus was that transportation information should be on the MHCC website.

3. Do the symbols (the circles and the two triangles) work?

    Participants noted that they did not like the triangle with the asterisk and that there should be a different symbol. Another participant noted that those symbols are not descriptive of what they are.

4. Would they like MHCC to include information on border hospitals as well (Virginia, PA)?

    The participants were not enthusiastic about including border hospitals (in VA and PA). They felt that it would be better to keep MD separate. They pointed out that MHCC would have to indicate that they do not collect data for the hospitals outside of MD.

Appendix 1

Recommendations that came out of the Focus Group Discussions in December

- The information on the overview of the hospital guide tab is very useful. It is easy to read and the comparison with other MD hospitals is useful. However, the overall reaction was that the website is not very user-friendly. Some of you felt that the website was friendly to people who are educated in medical terminology. You felt that the language needs to be geared more for the layman (e.g. Reword healthcare associated infection to something that the average person will understand.)

- A section that describes "How to use the Guide" needs to be visible on the homepage.

- The items on the left side on the first page should have a float box describing what the tabs mean (e.g. what is a quality measure?)

- The consumer needed more information on how the numbers were derived – that there should be more explanation behind the numbers (the back story).

- Have a search function on the first page.

- The colors are dull on the website. Need to "jazz it up." There should be more graphics/visual depictions on the site.

- Google starts filling in when you begin typing for a search term. Can this website do that?

- Have Google translator so that the information can be translated to any language.

- It would be helpful to have a statewide average for comparison.

- List information about emergency medical centers as they are becoming more common now.

- Number of readmissions at a hospital would be useful information.

- There should be an App for the site so that someone can use on their phone.

- The information listed under questions for your doctor is very useful and needs to be listed prominently. Currently that information is buried and hard to find under a drop down menu.